

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

PETITION FOR ADMISSION TO PRACTICE

Name _____ MO Bar No. _____

Address _____ Soc. Sec. No. _____

_____ Home Phone No. _____

_____ Date of Birth _____

Place of Birth _____ , _____
City State

Admitted to practice law by the Supreme Court of the State of Missouri on _____

Attorney Type (check all that apply): _____ Civil _____ Criminal _____ Bankruptcy

Complete one of the following

Regularly engaged in the practice of law at	Will serve as Law Clerk to
Firm Name _____	Judge's Name _____
Address _____	Address _____
Suite _____	Suite _____
City _____ State _____	City _____ State _____
Zip _____ Phone No. _____	Zip _____ Phone No. _____
Fax _____	
Email _____	

**I attest that I meet the qualification standards as set forth in
WDMO Local Rule 83.5(b).**

Signature

Date

Do not submit payment at this time. Payment will be made on-line
through District CM/ECF once your petition has been approved.

For Office Use Only:

Receipt # _____

Date _____

Sworn In: 04/28/2016

Certificate Mailed _____

United States District and Bankruptcy Courts
Western District of Missouri

Case Management/Electronic Case Files
Attorney/Participant Registration Form

This form shall be used to register for an account on the Court's Case Management/Electronic Case Files (CM/ECF) system. Registered attorneys and other participants will have privileges to electronically submit documents and to receive electronic notice of documents filed in the Western District of Missouri CM/ECF system in those cases in which the registered user is a participant.

NOTE: This is a restricted Web site for official court business only. Unauthorized entry or use or any use that attempts to circumvent access controls or the **PACER** billing processes is prohibited and subject to prosecution under Title 18 of the U. S. Code. All activities and access attempts are logged and any prohibited actions may result in immediate withdrawal of access privileges, referral for prosecution and permanent suspension of filing and use privileges in any court of the Western District of Missouri.

The following information is required for registration:

First/Middle/Last Name: _____

Last Four Digits of Social Security Number: _____

Attorney Bar #: _____ State: _____

Firm/Company Name: _____

Firm/Company Address: _____

Firm/Company City, State and Zip: _____

Voice Phone Number: _____ FAX Number: _____

Internet E-Mail Address: _____

Please specify which court you are registering in (or both):

_____ District _____ Bankruptcy

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. This system is for use only in cases permitted by the U.S. Courts for the Western District of Missouri. It may be used to file and view electronic documents, docket sheets, and notices.
2. At this time, the requirements for filing, viewing, and retrieving case documents are: a personal computer running a standard platform such as Windows or Macintosh, an Internet provider using Point to Point Protocol (PPP), Internet Explorer 5.5 or higher or Mozilla Firefox 2.0, and Adobe Acrobat Writer software to convert documents from a word processor format to a portable document format (PDF).

3. Pursuant to Federal Rule of Civil Procedure 11, Every pleading, motion, and other paper (except list, schedules, statement or amendments thereto) shall be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney's/participant's password issued by the court combined with the user's identification, serves as and constitutes the attorney/participant's signature. Therefore, an attorney/participant must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney/participant to immediately notify the court. This should include the resignation or reassignment of the person with authority to use the password. The attorney/participant should change the password immediately.
4. It is YOUR responsibility to keep your contact information current. If you relocate and/or change email addresses, it is imperative that those changes be made to your User Account.
5. An attorney's/participant's registration will constitute a waiver in law of conventional service of documents. The attorney/participant agrees that the CM/ECF-generated notice of electronic service will constitute service of the electronic filing on behalf of the client.
6. The undersigned attorney agrees to abide by the Court's most recent General Orders, Administrative Procedures for Electronic Case Filing Manual and all technical and procedural requirements set forth therein, to include any updates or amendments.

Please return to:

U.S. District Court
Western District of Missouri
80 Lafayette Street
Jefferson City, MO 65101

Applicant Signature

Initial of First and Last Name/Last 4 Digits of SS#

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary

My Commission Expires